

TRANSMISSION PROFILE -- RECEIVER'S SPECIFICATIONS

RECEIVER NAME: Kentucky Department of Workers Claims DATE: 03/14/00
 TRADING PARTNER TYPE: X Jurisdiction Claims Admin Employer Service Bureau Other
 RECEIVER IDENTIFIER: Receiver FEIN: 610600439002 Receiver Postal Code: 406016157

PROFILE ID: 001 DESCRIPTION: Release I of Kentucky Medical Transmission Requirements

TRANSACTION SETS FOR THIS PROFILE:

TRANSACTION INFORMATION

Transaction IAIABC/ANSI	Flat File Response	ANSI Version
MED 837	N/A	4010
AKI/824	N/A	4010

ACKNOWLEDGMENT INFORMATION

Mode (EDI/Paper/None)	Production Response Period	Level (All/Err/Rejects)
EDI	3 Business days	All
EDI	3 Business days	All
N/A	N/A	N/A
EDI	3 Business days	Rejects / All H
N/A	N/A	N/A

H Accepted transactions acknowledged if required by Sender

TRANSMISSION FREQUENCIES FOR THIS PROFILE:

X Daily Weekly -- Select: SUN MON TUE WED THU FRI SAT
N/A Monthly Select Day (1-31): N/A
N/A Quarterly Select Month(s): JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC ALL
 Select Day (1-31): N/A
N/A Annually Select Month: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC ALL
 Select Day (1-31): N/A
 Other:

Transmission Cut-off Time: 12:00 Midnight

ELECTRONIC MAILBOX(es) FOR THIS PROFILE:

Network: Celerity/Easylink

	TEST	PROD
Mailbox Acct ID:	KYDWC	KYDWC
User ID:	KYDWC	KYDWC
Message Class	#E2	#E2

Network: IVANS/Advantis

	TEST	PROD
Mailbox Acct ID:	WCST	WCST
User ID:	WCST026	WCST026
Message Class:	#E2	#E2

DIRECT CONNECT AVAILABLE: X NO N/A YES -- Specifications attached.

FLAT FILE RECORD DELIMITER: CR

ANSI INFORMATION:

Segment Terminator 0A ISA Information: **TEST** **PROD**
 Data Elements Separator * Qualifier: ZZ ZZ
 Sub-Element Separator > ID: 610600439002 610600439002

Functional Acknowledgements for 824 Transmissions? Yes

TRANSMISSION PROFILE -- SENDER'S RESPONSE

Return this page to:

RECEIVER NAME: Kentucky Department of Workers Claims**RECEIVER IDENTIFIER:** Receiver FEIN: 610600439002 Receiver Postal Code 406016157**PROFILE ID:** 001 **DESCRIPTION:** Release I of Kentucky EDI Transmission Requirements**SENDER SELECTIONS/INFORMATION:**

MASTER TRADING PARTNER INFORMATION:

Name: _____ FEIN: _____

SENDER NAME: _____

TRADING PARTNER TYPE: ☐ Jurisdiction ☐ Claims Admin ☐ Employer ☐ Service Bureau
☐ Other: _____

SENDER IDENTIFIER: Sender FEIN: _____ Sender Postal Code : _____

TRANSACTION INFORMATION

Transaction IAIABC/ANSI	Format	Release/ Version	Projected Number per Transmission
148/148			
A49/148			
POC/271	N/A	N/A	N/A
MED 837	ANSI	4010	
AKI/824			

ACKNOWLEDGMENT INFORMATION

Mode	Level
EDI	All
EDI	All
N/A	N/A
EDI	

TRANSMISSION FREQUENCY (select only one from Receiver's options):☐ Daily ☐ Weekly -- SUN MON TUE WED THU FRI SATN/A Monthly Day (1-31): N/AN/A Quarterly Month(s): JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DECDay (1-31): N/AN/A Annually Month: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DECDay (1-31): N/A☐ Other: _____**SELECTED MEDIA:** ☒ Electronic Mailbox ☐ Direct Connect**SENDER'S ELECTRONIC MAILBOX INFORMATION:****Network:** _____

	TEST	PROD
Mailbox Acct ID:		
User ID:		
Message Class		